

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: NUTRITIONAL ASSESSMENT AND SCREENING FOR HIGH RISK
CONSUMERS

NUMBER: NN-PC-NS-06

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APPROVAL: Rosalynne Reynolds {s} , Agency Director

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I. PURPOSE

The purpose of this policy is to establish criteria for identifying consumers at nutritional risk, so that the need for an assessment or screening of the consumer's nutritional status may be determined, and appropriate nutritional care provided.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to determine consumers at nutritional risk, based on a nutrition screening and assessment process. Development of therapeutic diet intervention and educational plans for nutrition therapy are initiated as appropriate to the nutritional status and dietary requirements of the consumer.

### III. REFERENCES:

1. Morrison Health Care Food Service Diet Manual.
2. Recommended Dietary Allowances, 10<sup>th</sup> Edition, National Academy Press, Washington D.C. 1989
3. Nutritional Assessment and Support 3<sup>rd</sup> Edition, 1985, by Anne Grant, M.S., R.D., Susan DeHoog, R.D.
4. Mental Health Facilities – Rules and Regulations of 10-22-71 incorporated into the Nevada Administrative Code (NAC), Chapter 449 on 10-27-82

### IV. PROCEDURE

Based on medical statistics and the results of the consumer nutrition history and screening form that describes consumer nutrition needs, a plan for nutrition therapy is developed and implemented by NNAMHS Nursing and the dietitian. The admission nurse shall complete electronically the RN Assessment including the Nutrition Screening form. If the admission nurse checks two or more nutrition problems on the Nutrition Screening form, the consumer is determined to be at nutritional risk and is referred to the dietitian for follow up. The Registered Dietitian shall consult the consumer within 24 to 72 hours and complete a nutrition assessment which will be placed in the paper chart on the unit by the dietitian. The consumer shall be reassessed as necessary on a daily, weekly or monthly basis.

The following criteria shall be used to determine if a consumer is at a high nutritional risk:

1. Consumer with actual or potential malnutrition
  - a. Vitamin, mineral and nutrient deficiency or depletion
  - b. Fluid imbalance and dehydration and possible nutrition discrepancies.
  - c. Recent weight changes of 10-20% lower than desirable weight for height and age

- d. Anthropometric body measurements, medical tests, clinical signs and observations of poor or inadequate nutritional status
- 2. Consumers with inadequate nutritional intake, refusing to eat or unable to receive or tolerate food or nutrition products related to:
  - a. Appetite loss or food intake alterations
  - b. Chewing or swallowing complications
  - c. Drug and alcohol dependence and nutrition alterations
  - d. Disease conditions affecting medical and nutritional status, acute or terminal.
- 3. Digestion, absorption and gastro-intestinal problems, constipation, diarrhea, hiatal hernia, Irritable Bowel Syndrome, Chronic Fatigue Syndrome, gluten intolerance, Crohn's Disease and Bariatric surgery for obesity, etc.
- 4. Chronic conditions such as lung, liver and renal insufficiencies, Coronary Heart Disease and Hypertension, Diabetes Mellitus, cancer, immune and infectious diseases.
- 5. Food habits, cultural and religious beliefs, food intolerance, food allergies, food and drug interactions.
- 6. Weight management
  - a. Obesity – 20% or more above desired weight for height and age
  - b. Underweight – 10-20% below average weight for height and age
  - c. Eating disorders, such as anorexia nervosa, and bulimia, overeating.
- 7. Pregnant and lactating women.
- 8. Geriatric nutrition insufficiencies.
- 9. Increased metabolic needs such as fever, infections, trauma, hypothyroidism, hyperthyroidism, burns, edema, anemia, etc.